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ABSTRACT

Individuals with mental illness and resulting psychiatric disabilities are entitled to the same rights as all other Americans, but services needed to integrate these people fully into the community are not yet in place, especially in the field of higher education. Postsecondary education is an opportunity for qualified students with psychiatric disabilities to enhance the recovery and reintegration process. More students with psychiatric disabilities are identifying themselves as individuals with a disability and requesting accommodative services. Supported education for these students may involve self-contained classrooms, on-site support, or mobile support provided by staff from community mental health services. Attitudinal barriers to serving these students exist. Operational issues related to serving students with psychiatric disabilities call for: consideration of the role of the educational institution, the disability support services staff, community agencies, and the student; reasonable accommodations for students with psychiatric disabilities; and a student code of conduct. Future trends are outlined; model projects are noted; tips are offered for students, counselors, faculty and staff, and community agency personnel; and 13 publications and 4 organizations are listed. (JDD)

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ADULTS WITH PSYCHIATRIC DISABILITIES ON CAMPUS

Mental illness is a widespread and debilitating illness that affects as many as 41 million people in the United States. The National Institute of Mental Health reports that one in five Americans has some form of diagnosable and treatable mental illness in any given six months. Mental illness continues to be an "invisible" disease in which patients may be blamed for being sick and may be ostracized from the mainstream of community life. Often labeled as "schizophrenic," "paranoid schiz," or "manic depressive," persons with mental illness may loose not only their personal identity but their place in the community as well. Although recovery rates can range from 50 to 70 percent, our image of the "chronically mentally ill" may be that of persons who spend their lives in a perpetually psychotic state.

Against this backdrop is the growing awareness that people with mental illness and the resulting psychiatric disabilities are entitled to the same rights as all other people in our country. This is evidenced not only by the passage of the Americans with Disabilities Act (ADA), but also by the Rehabilitation Act of 1973 (particularly Section 504), and the Education for All Handicapped Children Act of 1975, which is now named the Individuals with Disabilities Education Act (IDEA) as a result of the Amendments of 1990. However, laws against discrimination do not automatically translate into equal opportunities for all. The struggle to attain a reasonable standard of living and full participation in the community for most people with psychiatric disabilities has been a long, arduous and often unsuccessful one. Although advances have been made in treatment and rehabilitation, and deinstitutionalization has occurred, the services needed to integrate people fully into the community are for the most part not yet in place. Particularly neglected have been opportunities in the field of higher education.

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THE IMPORTANCE OF POSTSECONDARY EDUCATION

The onset of major mental illness is often between the ages of 18-25, when young people are beginning the development of their adult lives. During this time, young adults are making career choices, receiving an education or vocational training that prepares them to work, developing relationships from which to create a social network and choose a mate, and learning their rights and responsibilities within their communities. The onset of mental illness disrupts this process. Once it is disrupted, it is extraordinarily difficult to recreate these circumstances. Returning to postsecondary education provides a means to revisit these developmental tasks and regenerate lost opportunities.

Twenty years ago, returning to community life would not have been so possible. With the use of many new and effective psychotropic medications, the symptoms associated with mental illness can be reduced and controlled. There has been a corresponding understanding that community integration is the most effective way for people to combat the disabling effects of the illness. Maintaining the role of family member, worker, and student prevents the disintegration of self-esteem and skills that has often occurred from prolonged hospitalization and isolation. At the same time, young adults with a history of mental illness have increasingly recognized the importance of education as a means by which to take their rightful place in society. Postsecondary education is an opportunity for qualified students with psychiatric disabilities to enhance the recovery and reintegration process.

THE SUPPORTED EDUCATION CONCEPT

With the passage of the Rehabilitation Act of 1973, it was clear that qualified students could not be denied participation in postsecondary education solely because of their disability. Offices of Disability Support Services (ODSS) or their equivalents were established to provide the supports and accommodations necessary for individuals with disabilities, including those with psychiatric disabilities. However, many students with psychiatric disabilities did not come forward for services because of fear of discrimination. This trend has changed in recent years, and more students with psychiatric disabilities are identifying themselves as an individual with a disability, and requesting accommodative services.

Campuses are responding, with the assistance of the ODSS, with programs that provide needed services. These programs recognize that students with psychiatric disabilities benefit from higher education and can participate fully and successfully on the college campus with appropriate and reasonable accommodations. This process of providing needed services has come to be called *supported education.*

Supported education for students with psychiatric disabilities can be defined as:

> education in integrated settings for individuals with severe psychiatric disabilities

for whom postsecondary education has been interrupted or intermittent as a result of a severe psychiatric disability, and who, because of their handicap, need ongoing support services to be successful in the education environment (adapted from the definition of Supported Employment, Rehabilitation Act Amendments, 1986).

Over the past few years three prototypes of supported education have emerged. The first prototype is called a *self-contained classroom*. In the self-contained classroom prototype, students attend classes on a postsecondary site with other students who are also characterized as persons with special needs (individuals with psychiatric disabilities, individuals with physical disabilities, returning older students, etc.). The curriculum may be remedial, designed to improve math, reading, study, coping, or to ease the transition to the academic environment through campus survival skills.

The second prototype of supported education is the *on-site support model*. Students are matriculated and mainstreamed and attend regular classes at the postsecondary site. Support services are provided by staff from ODSS or Mental Health/Counseling Services. Examples of services provided may include, but are not limited to, advocacy, tutoring, special accommodations for testing, and referral.

The third prototype of supported education, *mobile support*, is the same as the on-site support model with the exception that the support is provided by staff from community-based mental health services. Mobile supported education services are often provided to more than one postsecondary site. Staff are housed at the community mental health setting and are available to provide support to the students on-site at the postsecondary institution.

The most commonly demonstrated supported education prototype is the on-site support model. Since it uses a postsecondary resource, the ODSS or the student counseling office already in place on most campuses, it is the vehicle to bring supported education to the largest number of students. However, support from mental health and vocational rehabilitation agencies often increases the students' chance of a successful educational experience.

If a student with a disability wants or needs support services, it is the responsibility of the student to request such supports or accommodations, as well as to provide the ODSS with documentation of disability. (A medical report, educational assessment, or a Vocational Rehabilitation prepared Individualized Written Rehabilitation Plan are examples of such documentation.)

ATTITUDINAL BARRIERS TO SERVING STUDENTS WITH PSYCHIATRIC DISABILITIES

One barrier to serving students with psychiatric disabilities is the stigma surrounding mental illness. It is an illness that can stir deep and unconscious fears in many of us. Street people with obvious signs of disorientation to reality are a reminder of what the illness, left untreated, might do. And for others, a tragic incident publicized in the national media may further evoke fears of people with mental illness. Persons with mental illness do not behave more violently nor commit more crimes than does the "normal" population (Teplin, 1985). The crimes they do commit, however, often receive much more publicity and feed stereotypical images of mental illness. Similar misconceptions may cause students with psychiatric disabilities who come to the attention of college administration for disciplinary reasons to be inappropriately referred to the ODSS.

A second barrier to serving students with psychiatric disabilities may be a perceived lack of knowledge about where or how to serve these students when they return to college. Or, campus counselors who attempt to work with these students for time-limited periods may throw up their hands in despair as such students may take up an undue portion of a counselor's time. The students may be viewed as disruptive; and some students—attempting to become real advocates for themselves—may not be able to judge when or where to draw the line on pushing for special accommodations.

A third attitudinal barrier is that some postsecondary administrators may believe that if the institution gains a reputation for effectively serving students with psychiatric disabilities on campus, they will be overrun with students with a history of mental illness or become a "dumping ground" for resource-poor mental health agencies.

These attitudinal barriers need to be acknowledged. Through information and experience they can be overcome.

OPERATIONAL ISSUES RELATED TO SERVING STUDENTS WITH PSYCHIATRIC DISABILITIES

The Role of the Educational Institution

Young adults with psychiatric disabilities, often encouraged by their parents and families, are increasingly recognizing the importance of, and their right to, a higher education. Although some postsecondary institutions may be reluctant to provide supported education services to another disability group because of additional costs, by law they have an obligation to do so. In this time of shrinking revenues and increasing costs, resources may need to be shared or reallocated. The institutions may need to work more collaboratively with community agencies to provide the necessary supports. One issue that still remains unclear is who is primarily responsible for providing which services.

The Role of the Disability Support Services Staff

In providing services to students with psychiatric disabilities it is important for ODSS staff to separate, as clearly as possible, treatment issues from educational issues. Treatment issues, such as therapeutic counseling, medication maintenance, or crisis intervention should be provided by professionals other than the ODSS staff. Campus resources may be available, such as counseling centers or medical centers. When the campus does not have adequate resources available, mental health community resources should be sought. (ODSS often has contact information available

for such area resources.) The provision of such services are not the responsibility of the ODSS staff. Programmatic counseling relating to adjustment to the disability in the postsecondary environment and working with academic staff to develop reasonable accommodations are.

Another issue facing ODSS staff is the reluctance to set limits on students with a psychiatric history because of the students' perceived vulnerability. Instead of setting limits or asking students to change their behavior, staff stretch the limits of their own tolerance because the problem is perceived as a "mental health" problem. Their lack of understanding of the student and students' disability gets in the way of their judgment and may result in an unsureness of how to best serve the student. With all students, limit-setting based on a student Code of Conduct is a valuable tool to foster maturity and more clearly define roles and expectations. Clear guidelines, based on both an understanding of working with students with a psychiatric history and the resources of the institution, can help all involved to define acceptable behavior and the services which should be provided. As with other disability groups, conditions requiring medical treatment should be referred to the appropriate personnel.

A sound principle of practice is to provide services to students with psychiatric disabilities as to any student with a disability. It is important to determine what the student needs, as a reasonable accommodation, that will allow him or her to be successful on the college campus. To be successful means to fulfill the educational requirements of the college and to coexist with their instructors and peers in such a way that the education of others is not compromised.

Reasonable Accommodations for Students with Psychiatric Disabilities

Reasonable accommodation by definition is removal of barriers to participation. Institutions of postsecondary education need to provide reasonable accommodations to individuals with disabilities, including modifications, substitutions, or waivers of courses, major fields of study, or degree requirements on a case-by-case basis. Such accommodations need not be made if the institution can demonstrate that the accommodation would impose an undue hardship on the operation of its program. In addition, the institution need not alter academic requirements which it can demonstrate are essential to a program of instruction.

Serving large numbers of students with psychiatric histories on-site is relatively new to postsecondary campuses. There have been few precedents set for what reasonable accommodations for persons with psychiatric disability might include. However, based on existing knowledge and experience, the following accommodations have been provided:

- assistance with registration/ financial aid
- extended time for exams
- change of location for exams
- priority parking
- note taking, tape recorders
- seating arrangement modifications
- beverages allowed in class (i. e., for thirst resulting from medication)
- peer support
- identified place to meet on campus that is non-threatening before or after class
- incompletes rather than failures if relapse occurs
- training in time management
- training in study skills
- special topic courses (college survival, personal psychology)

These accommodations are the same as those provided by ODSS for other disability groups.

A Student Code of Conduct

Occasionally, campus officials may use a *psychiatric withdrawal* to remove a student with a psychiatric history when unacceptable behavior comes to their attention. A psychiatric withdrawal is a mandatory "medical" withdrawal because of the student's state of mind, anxiety-level, or inability to benefit from university-based therapeutic resources. This kind of withdrawal, in most instances, is illegal and unlawful (Pavela, 1990). Before initiating such a withdrawal, a postsecondary site must conduct a careful inquiry into whether a student suffering from a psychiatric disability has engaged in some demonstrable behavior which indicated that he or she can reasonably be viewed as posing a substantial risk of being unable to meet reasonable institutional standards. The disability itself is not a reason for dismissal.

Gary Pavela (1990), in **The Dismissal of Students with Mental Disorders**, recommends that when a student exhibits prohibited behavior on campus, such as being a threat to himself or others, he should be subject to reasonable and evaluative disciplinary action, rather than immediate consideration of a psychiatric withdrawal. In the past, many administrators have identified prohibitive behavior as a mental health issue and have relied on psychiatric withdrawal either because a disciplinary system has not been in place, the disciplinary system is inappropriate, or the disciplinary system is too legalistic and difficult to administer. However, with greater enforcement of Section 504 and wider participation of a variety of students, it is imperative that clear student Codes of Conduct be established by the educational institutions. These guidelines for conduct should represent simple standards of basic fairness and be applicable to all students, disabled and non-disabled. They can serve to clarify acceptable behavioral standards and provide a means to assist the university to separate disciplinary issues from treatment issues.

The Role of Community Agencies

Students with psychiatric disabilities may also need on-going community based psychiatric care or rehabilitative services. A role of the mental health and vocational rehabilitation agencies, if the student is eligible for such services, is to provide these resources as an adjunct to the academic counseling and reasonable accommodations provided by the postsecondary institution. However, because of old attitudes, some mental health and rehabilitation practitioners may have a limited perspective on what their clients can accomplish and may not consider returning to school as a viable alternative. Others see postsecondary education as a part of treatment and refer clients inappropriately. Mental health and rehabilitation staff need to

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inform themselves and their clients about supported education and to make appropriate referrals. Once the students are enrolled, monitoring their programs and supporting them is a legitimate function of case management.

Although returning to school is a sign of progress and health for the student, the move into an academic environment can be very stressful. Examples of events or procedures which may be intimidating or threatening to the individual with a psychiatric disability include: parking, registration lines, complex admission and financial aid forms, renewing or developing relationships with peers, and preparing for and participating in class. Rather than reducing support because the person has made progress, it is important to maintain support to help handle these new stresses. It is increasingly evident that additional support by mental health providers can enhance the student's ability to complete educational goals.

The Role of the Student

Returning to college or a postsecondary institution is an exciting and challenging step for anyone. However, for students with psychiatric disabilities it may be particularly stressful because of an individual's treatment history, psychiatric symptoms, and/or medications. It is important that students take responsibility for their own wellness and develop a personal program that allows them to function in spite of the problems. As psychiatric disabilities are "invisible" disabilities, a student may choose not to disclose the situation and thus not to receive support services from the education institution. In that case it may be very important that those services are utilized in the community. If a student does choose to receive the services available at the postsecondary institution, he or she needs to self-disclose that he or she is an individual with a psychiatric disability, as well as provide documentation verifying psychiatric diagnosis in order to qualify. ***However, the treatment history is confidential and need not be disclosed***. The guidelines for disclosing information should relate to the amount of information that is necessary for the ODSS counselor to provide reasonable accommodations. In working with instructors, disclosure of student's diagnosis or history is a matter of student choice. Functional limitations may be explained to justify accommodations, but other information should remain confidential.

FUTURE TRENDS

Although Section 504 has mandated services to persons with disabilities, young adults with psychiatric disabilities have frequently been overlooked at postsecondary institutions, often because the stigma associated with the disability has prevented them from coming forward to request services. Additional and most recent federal legislation will work to change this situation. First, the Americans with Disabilities Act will have far reaching affects although guidelines are still being formulated.

Two legislative initiatives, the Individuals with Disabilities Education Act (IDEA), P.L. 101-476, formerly known as the Education of the Handicapped Act (EHA), and the Carl D. Perkins Education and Applied Technology Education Act (Perkins Act of 1990), P.L. 101-392, have language addressing the transition of individuals with disabilities from the secondary educational environment to adult life, including postsecondary education. With IDEA, transition planning and services are mandated.

The Perkins Act of 1990 states: "vocational education planning for individuals with handicaps will be coordinated between appropriate representations of vocational education, special education, and state vocational rehabilitation agencies." These two initiatives expand the possibilities for supported education to be more widely available to young adults with psychiatric disabilities who are leaving secondary education for work or postsecondary education.

As the concept of supported education has developed, the role of mental health and rehabilitation services in supported education has become clearer. Supported education need not take place only on the college campus. Classes held by these services at their sites to help prepare clients for postsecondary education through improving their interpersonal and social skills, making career choices and managing their symptoms can go a long way to improve the likelihood of success on campus. Once they are on campus, having someone they can check in with to handle daily problems is helpful. It means rethinking the role of the mental health and rehabilitation counselor. However, it is a constructive and meaningful role change.

RESEARCH IN SUPPORTED EDUCATION

Recently the Center for Psychiatric Rehabilitation at Boston University completed a study on supported education. Outcomes demonstrated that students attend regularly, complete their course of study and go on to and maintain employment. In the process, rates of hospitalization decreased and self-esteem increased.

Two other major studies are currently underway to explore further issues and implications of supported education. One study, conducted by the Center for Psychiatric Rehabilitation at Boston University, demonstrates all the prototypes of supported education services and includes a state university, two community college systems, one vocational technical school, a psychiatric center, a mental health association, and a comprehensive mental health service system. (See below).

The second research project is sponsored by the Chancellor's Office of the California Community College System and involves four community colleges in California. The project has developed and is monitoring a service delivery model for Offices of Disability Support Services. Outcomes from both studies will be available in 1992-93.

Center for Psychiatric Rehabilitation, Boston University, 730 Commonwealth Avenue, Boston, MA 02215 (617) 353-3549, Karen V. Unger, Project Director

Self-Contained Prototype

Education Intervention Program, 235 Cassety Hall, Buffalo State College, Buffalo, NY 14222, (713) 878-3051, David Koren, Director

On-Site Support Prototype

Luna-Vocational Technical Institute, Student Services Division, PO Drawer K, Las Vegas, NM 87701, (505) 454-2553, Eugene E. Luciro, Project Director

Houston Community College, Supported Education Services, Counseling Department, 1300 Holman, Houston, TX 77004, (713) 630-1864, David Housel, Project Director

College of San Mateo, Psychological Services, 1700 West Hillsdale Blvd., San Mateo, CA 94402, (415) 574-6193, Tim Stringari, Project Director

County of Monterey, Department of Health/Mental Health, 1270 Natividad Road, Salinas, CA 93906, (408) 755-4509, Robert C. Egnew, Mental Health Director

Project on Services to Students with Psychiatric Disabilities, Chancellor's Office, California Community College, Sacramento, CA , (916) 737-0577, Donna Parten, Project Director

Mobile Support Prototype

South Beach Psychiatric Center, Treatment Services, 777 Seaview Avenue, Staten Island, NY 10305, (718) 667-2647 , Harvey J. Lieberman, Director

Mental Health Association of Ulster County, Inc., 221 Frytenbridge Road, Kingston, NY 12401, (914) 336-4747, Linda Cooper, Director of Education and Advocacy

Tips for Students

- Let the Office of Disability Support Services know that you are an individual with a psychiatric disability. Have ready "documentation" (such as a medical report) of your disability to present to the ODSS. It is only after you come forward with such documentation that the ODSS can provide you with accommodative services. **However, your treatment history is confidential and you do not need to disclose it unless you so choose**.
- Returning to postsecondary education can be exciting and challenging. Take responsibility for your own wellness and develop a program for managing your symptoms. A good support network, both personal and professional, will increase your chances of a successful educational experience.
- It is often helpful to take a reduced number of classes the first several semesters until you get acclimated to the new environment and life style.
- Become familiar with the resources on your campus. There may be a learning center or its equivalent that will assist you to sharpen your study skills and provide tutoring services. Some counseling centers provide support groups for students returning to campus after an absence.
- Before you return to school, contact the college's financial aid officer for information on financial awards available, such as Pell Grants. You may also be eligible for financial assistance from the Department of Vocational Rehabilitation. This assistance could help you to finance your education so you do not incur debts until it is clear that you will be able to manage them.
- If disability prevents repayment of student loans, contact the lender immediately and request a medical deferment. Note that granting deferment of payments is not automatic. You must continue to make payments until you are notified that the deferment has been processed and approved. If you do not, you may be in default. Once your loan is considered in default, it can be difficult to change that status.
- If you have to leave school, be sure to withdraw officially so that you do not fail your classes by default. In some cases you may be able to have the designation "Incomplete" recorded, thereby earning the right to complete the requirements later.

Tips for ODSS Counselors

If you are having a problem deciding what to do with a particular student with psychiatric disabilities ask yourself the following questions:

- How would I solve this problem if the person had a different disability?
- What reasonable accommodations are required due to the person's functional limitations?
- Is this an educational or treatment issue?
- Do I need to make a referral to a community or campus resource?
- Has there been a violation of the student Code of Conduct?
- Am I working harder on this problem than the student who presented it?
- What other offices might this student have contacted, or should contact?

Tips for Faculty and Staff

University faculty and staff are encouraged to communicate and collaborate with the Office of Disability Support Services. Among others, the ODSS will be able to provide assistance with the following types of situations:

- Making decisions regarding the appropriate accommodative services to provide to a particular student
- Learning how to manage students who act out, or exhibit other inappropriate behaviors
- Understanding your rights and responsibilities related to providing services mandated by Section 504
- Understanding the maze of different offices that a student with a psychiatric disability may need to access, both on campus and within the community.

Tips for Community Agency Personnel

Providing supported education services to students with psychiatric disabilities may require new knowledge about the requirements and procedures of the postsecondary institutions. Community agency personnel should collaborate with the staff of Offices of Disability Support

Services, who understand these requirements and procedures.

The service provided to the clients by community agency personnel may be typical of case management:

- Assess client needs
- Develop service plans
- Link to services
- Monitor provision of services
- Provide personal support
- Evaluate progress and modify as needed

Returning to school is often an indication of progress and growth. However, it is a stressful time and may require more support services rather than less as clients cope with a new lifestyle and increased responsibilities and stress.

SUMMARY

Supported education is a major step forward in the movement toward community integration for young adults with psychiatric disabilities. It provides them with the same opportunities that should be available for all young adults: a chance to lay the foundation for a meaningful career, to improve social and interpersonal skills, to develop effective or significant relationships with peers, and to master the developmental tasks necessary for a healthy, productive adult life. Although higher education is not for everyone, it should be available to those for whom it is appropriate. It is important that academic/training institutions work together with mental health and vocational rehabilitation agencies to provide the resources and supports necessary for supported education. It is a unique opportunity for complementary agencies to work together. For young adults supported education provides the chance to put aside their identities as mental patients and assume their rightful roles as students and community members.

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SELECTED RESOURCES

Association on Handicapped Student Service Programs in Postsecondary Education (AHSSPPE)
Note: On July 25, 1992, the name will change to
Association on Higher Education and Disability (AHEAD)
PO Box 21192
Columbus, OH 43221
(614) 488-4972

International Association of Psychosocial Rehabilitation Services (IAPSRS)
5550 Sterret Place, Suite 214
Columbia, MD 21044-2647
(301) 730-7190

National Alliance for the Mentally Ill (NAMI)
2101 Wilson Boulevard, Suite 302
Arlington, VA 22201
(703) 524-7600

National Mental Health Association
1021 Prince Street
Alexandria, VA 22314-2971
(703) 684-7722

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